

**Carl D. Perkins Vocational and Technical Education Act of 1998
and/or State Vocational Education
FY2006 BUDGET DETAIL FORM C – NONINSTRUCTIONAL SALARIES**

FUNCTION & OBJECT CODE 200-100 ONLY

A. ____ SECONDARY ____ POSTSECONDARY	B. PERKINS PROJECT NUMBER: _____-06
C. ELIGIBLE RECIPIENT:	D. DISTRICT/COLLEGE/AGENCY CODE:
E. COUNTY:	F. COUNTY CODE:

G. CIP CODE	H. GOAL & OBJECTIVE NUMBER	I. STANDARD AND MEASURE	J. TITLE of POSITION and NAME of EMPLOYEE (if known)	K. COST CALCULATION For full-time positions: total annual salary X percent of time to the grant project = total For part-time positions: rate (\$) per hour X number of hours per week X number of weeks employed = total	L. GRANT REQUEST AMOUNT
					\$
				M. SALARIES TOTAL	\$

N. Date: _____ Amendment? Y/N _____ If “yes”, BA/CFO signature _____

INSTRUCTIONS
FY2006 BUDGET DETAIL FORM C

- ☐ **PERSONAL SERVICES – TEACHER SALARIES - CODE 100-100**
- ☐ **PERSONAL SERVICES – NONINSTRUCTIONAL SALARIES - CODE 200-100**

Note: **There are two different salary forms. Use the correct form for the Function and Object Code.**

Instructions below apply to both forms.

- A. Indicate whether the grant is for secondary or postsecondary programs;
- B. Enter the Perkins Project Number. The Perkins Project Number consists of the type of grant plus the district/college/agency code plus the last two digits of the fiscal year;
Note: All secondary project numbers begin with PERK. Example: PERK 0000 – 06.
All Postsecondary project numbers begin with PSFS. Example: PSFS 0000 – 06.
- C. Enter the name of the Eligible Recipient;
- D. Enter the code number of the district/college/agency;
- E. Enter the name of the county;
- F. Enter the two-digit county code;
- G. CIP Code: Enter the CIP code(s) of the approved occupational program(s) for which the expenditure is intended;
- H. Goal and Objective Number: Enter the Goal(s) and Objective(s) number(s) from the approved Multi-year Plan that will be addressed by the expenditure of funds for this position;
- I. Enter one or more of the following code(s) for the Standard(s) and Measure(s) being addressed by the expenditure.
 - Academic Proficiency - AP
 - Evidence of Completion - C
 - Vocational-Technical Skill Proficiencies - VT
 - Placement Achievement – P
 - Non-Traditional Training - NT
- J. Title of Position and Name of Employee/Teacher: Enter the title of each position for which benefits are requested. Enter the name of the employee, if known at time of submission;
- K. Cost Calculation: Show the cost calculation (using the formula on the form) to calculate the amount of salary requested for each position. For full-time positions, multiply the percent of time the position will spend on grant activities times the total annual salary to determine the amount chargeable to the grant for the position;
- L. Grant Request Amount: Enter the amount to be funded by the grant, derived from the formula in column L;
- M. Salaries Total: Add the salaries being requested and enter the amount in M; and
- N. **If this is the original submission of the plan, enter “no” on the “Amendment?” line. Enter “yes” if this is an amendment to the original approved plan and secure signature of BA/CFO.**

Revised February 15, 2005